

Division of Corporations

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Florida Department of State  
Division of Corporations  
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## To:

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Fax Number : (850) 205-0383

## From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : 120010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.****NU-TEK CHIROPRACTIC CARE CENTER LLC**

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:  
NU-TEK CHIROPRACTIC CARE CENTER LLC

**ARTICLE II ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

3722 CENTRAL AVE SUITE #5  
FORT MYERS, FL 33901

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

DANIEL FRANCOIS ELOI  
1198 DEWHURST STREET  
PORT CHARLOTTE, FL 33952

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

  
DANIEL FRANCOIS ELOI Registered Agent's Signature

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**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one members and is, therefore, a Member-Managed Company.

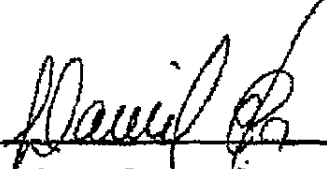
**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER

DANIEL FRANCOIS ELOI

1198 DEWHURST STREET

PORT CHARLOTTE, FL 33952

x 

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

NAME OF SIGNER DANIEL FRANCOIS ELOI  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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